

Louisiana Department of Children and Family Services

LaCarte Card Program

Verification of Receipt Form

I agree to the following terms and conditions regarding the use of the Louisiana LaCarte Card assigned to me for official State business only. The Card issued is:

☐ New Card, ☐ Renewal Card, or ☐ Replacement Card

- 1) I understand that I am being entrusted with a powerful and valuable tool and will be making financial commitments on behalf of the State of Louisiana, Department of Children and Family Services; and will strive to obtain the best value for the State.
- 2) I understand under no circumstances will I use the LaCarte Card to make personal purchases, either for others or myself. Using the LaCarte Card for personal gain or unauthorized use may result in disciplinary action up to and including termination of employment and prosecution to the extent permitted by law.
- 3) I understand the card shall be used solely by me, the named cardholder, and that under no circumstances shall any other person be allowed to use this card.
- 4) I will follow Louisiana Law; State purchasing policies, and the policies of my employing agency, and the established guidelines for using the LaCarte Card. Failure to do so may result in either revocation of my card privileges or other disciplinary action.
- 5) I have completed The DCFS LaCarte Card PowerPoint Training Presentation on _____ (date).
- 6) I agree to review and reconcile transactions within five days (5) of receipt of monthly statement from Bank of America and will maintain all applicable information and receipts.
- 7) I agree that I will surrender the purchasing card upon termination from my current state agency.
- 8) If the card is lost or stolen, **I will telephone Bank of America at 1-888-449-2273** (This number is available 24 hours a day, 7 days a week and 365 days a year) **and the Agency LaCarte Card Program Administrator at (225) 342-4417** immediately. Lost cards reported by telephone are blocked immediately. Replacement cards should be issued within 24 hours.
- 9) I agree, if I should violate the terms of the Agreement, I will be subject to disciplinary action up to and including termination of employment; and that I will reimburse the State of Louisiana, Department of Children and Family Services for all incurred charges and any costs related to the collection of such charges. Additionally, any such charges that I owe the State may be deducted from any money which would otherwise be due and owed to me, including salary or wages, to the extent allowable by law.

	XXXX-XXXX-XXXX-	(Last 4 digits only)
Original Card Number (for Replacement)	XXXX-XXXX-XXXX-	(Last 4 digits only)
Replacement Card Number (for Replacement)	XXXX-XXXX-XXXX-	(Last 4 digits only)
Cardholder Name (Type Here)		
Cardholder Signature		
Telephone Number		
Date		